

From: CRCLCompliance
To: (b)(6)@heartlandalliance.org
Subject: Follow-up to DHS CRCL Complaint 14-09-CBP-0246
Date: Friday, July 18, 2014 3:45:00 PM
Attachments: 06.11.2014 14-09-CBP-0246.pdf

Dear Ms. (b)(6)

Please see the attached correspondence from the U.S. Department of Homeland Security's Office for Civil Rights and Civil Liberties. Thank you.

Sincerely,

Office for Civil Rights and Civil Liberties
U.S. Department of Homeland Security



This message, along with any attachments, is covered by federal and state law governing electronic communications and may contain confidential and legally privileged information. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, use, or copying of this message is strictly prohibited. If you have received this message in error, please notify the sender immediately by reply e-mail, and delete the message.



Homeland
Security

July 18, 2014

Via electronic mail

(b)(6)

National Immigrant Justice Center
208 S. La Salle Street, Suite 1300
Chicago, IL 60604
(b)(6)@heartlandalliance.org

Re: Complaint No. 14-09-CBP-0246

(b)(6)

Dear Ms. (b)(6)

On June 11, 2014, the Department of Homeland Security's (DHS) Office for Civil Rights and Civil Liberties (CRCL) received your complaint on behalf of (b)(6). Thank you for contacting us with your concerns. Under 6 U.S.C. § 345 and 42 U.S.C. § 2000ee-1, CRCL reviews and assesses information concerning abuses of civil rights, civil liberties, and profiling on the basis of race, ethnicity, or religion, by employees and officials of DHS.

The issues you raise are very important to us, and we would like to inform you how your complaint will be processed by CRCL. Initially, we will send your complaint to the DHS Office of Inspector General (OIG) for review. If OIG declines to accept the complaint, it will be returned to CRCL for an appropriate response. Once CRCL opens a formal complaint, either we or the appropriate DHS component will conduct an investigation into your concerns. CRCL may contact you during the course of investigation of your complaint. We will ultimately notify you of the outcome of the investigation.

Please be advised that our complaint process does not provide individuals with legal or procedural rights or remedies. Accordingly, CRCL is not able to obtain any legal remedies or damages on (b)(6) behalf. Instead, we use complaints like yours to find and address problems in DHS policy and its implementation. If you believe your rights have been violated, you may wish to consult an attorney. There may be time limitations that govern how quickly you need to act to protect your interests.

If you have not already done so, please provide CRCL with your complete contact information, including a phone number, email address, and mailing address if available, and your alien number if applicable. You may contact CRCL by email at CRCLCompliance@hq.dhs.gov, by facsimile at 202-401-4708, or by mail at the following address:

Department of Homeland Security
Office for Civil Rights and Civil Liberties
Compliance Branch
245 Murray Lane, SW
Building 410, Mail Stop 0190
Washington, DC 20528

For additional information about CRCL's roles and responsibilities, please visit our website at <http://www.dhs.gov/crcl>.

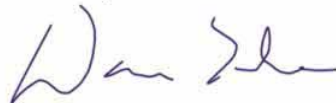
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Please note that Federal law forbids retaliation or reprisal by any Federal employee against a person who makes a complaint or discloses information to CRCL. 42 U.S.C. § 2000ee-1(e). If you believe that you or someone else is a victim of such a reprisal, please contact us immediately.

Thank you again for contacting CRCL. Communications like yours are essential to our ability to carry out our role of supporting the DHS's mission to secure the nation while preserving individual liberty, fairness, and equality under the law. We look forward to working with you to address your concerns. If you have questions, please contact us either in writing or by phone at 866-644-8360, 866-644-8361 (TTY).

Sincerely,

A handwritten signature in blue ink, appearing to read 'Dana Salvano-Dunn', with a stylized, cursive script.

Dana Salvano-Dunn
Director, Compliance Branch
Office for Civil Rights and Civil Liberties
U.S. Department of Homeland Security

Privacy Act Statement

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From: CRCLCompliance
To: (b)(6)@heartlandalliance.org
Subject: Follow-up to DHS CRCL Complaint 14-09-CBP-0247
Date: Tuesday, July 15, 2014 3:05:00 PM
Attachments: 06.11.2014 14-09-CBP-0247.pdf

Dear Ms. (b)(6)

Please see the attached correspondence from the U.S. Department of Homeland Security's Office for Civil Rights and Civil Liberties. Thank you.

Sincerely,

Office for Civil Rights and Civil Liberties
U.S. Department of Homeland Security



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Homeland
Security

July 15, 2014

Via electronic mail

(b)(6)

National Immigrant Justice Center
208 S. La Salle Street, Suite 1300
Chicago, IL 60604
(b)(6)@heartlandalliance.org

Re: Complaint No. 14-09-CBP-0247

(b)(6)

Dear Ms. (b)(6)

On June 11, 2014, the Department of Homeland Security's (DHS) Office for Civil Rights and Civil Liberties (CRCL) received your complaint on behalf of (b)(6). Thank you for contacting us with your concerns. Under 6 U.S.C. § 345 and 42 U.S.C. § 2000ee-1, CRCL reviews and assesses information concerning abuses of civil rights, civil liberties, and profiling on the basis of race, ethnicity, or religion, by employees and officials of DHS.

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Office for Civil Rights and Civil Liberties
Compliance Branch
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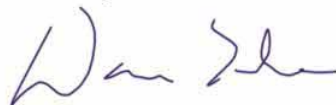
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Thank you again for contacting CRCL. Communications like yours are essential to our ability to carry out our role of supporting the DHS's mission to secure the nation while preserving individual liberty, fairness, and equality under the law. We look forward to working with you to address your concerns. If you have questions, please contact us either in writing or by phone at 866-644-8360, 866-644-8361 (TTY).

Sincerely,

A handwritten signature in blue ink, appearing to read 'Dana Salvano-Dunn', with a stylized, cursive script.

Dana Salvano-Dunn
Director, Compliance Branch
Office for Civil Rights and Civil Liberties
U.S. Department of Homeland Security

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From: CRCLCompliance
To: (b)(6) @heartlandalliance.org
Subject: Follow-up to DHS CRCL Complaint 14-09-CBP-0254
Date: Friday, July 18, 2014 2:48:00 PM
Attachments: 06.11.2014 14-09-CBP-0254.pdf

Dear Ms. (b)(6)

Please see the attached correspondence from the U.S. Department of Homeland Security's Office for Civil Rights and Civil Liberties. Thank you.

Sincerely,

Office for Civil Rights and Civil Liberties
U.S. Department of Homeland Security



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Homeland
Security

July 18, 2014

Via electronic mail

(b)(6)

National Immigrant Justice Center
208 S. La Salle Street, Suite 1300
Chicago, IL 60604

(b)(6)@heartlandalliance.org

Re: Complaint No. 14-09-CBP-0254

(b)(6)

Dear Ms.

(b)(6)

On June 11, 2014, the Department of Homeland Security's (DHS) Office for Civil Rights and Civil Liberties (CRCL) received your complaint on behalf of (b)(6). Thank you for contacting us with your concerns. Under 6 U.S.C. § 345 and 42 U.S.C. § 2000ee-1, CRCL reviews and assesses information concerning abuses of civil rights, civil liberties, and profiling on the basis of race, ethnicity, or religion, by employees and officials of DHS.

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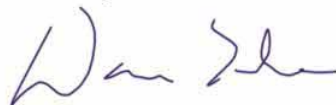
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Sincerely,

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Dana Salvano-Dunn
Director, Compliance Branch
Office for Civil Rights and Civil Liberties
U.S. Department of Homeland Security

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Homeland
Security

August 18, 2014

Via electronic mail

(b)(6)

Esperanza Immigrant Rights Project

(b)(6)@ccharities.org

Re: Complaint No. 14-09-CBP-0261

(b)(6)

Dear Ms. (b)(6)

On June 11, 2014, the Department of Homeland Security's (DHS) Office for Civil Rights and Civil Liberties (CRCL) received your complaint on behalf of (b)(6). Thank you for contacting us with your concerns. Under 6 U.S.C. § 345 and 42 U.S.C. § 2000ee-1, CRCL reviews and assesses information concerning abuses of civil rights, civil liberties, and profiling on the basis of race, ethnicity, or religion, by employees and officials of DHS.

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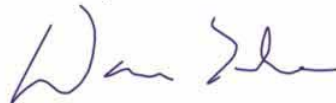
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From: CRCLCompliance
To: (b)(6) [@heartlandalliance.org](mailto:(b)(6)@heartlandalliance.org)
Subject: Follow-up to DHS CRCL Complaint 14-09-CBP-0328
Date: Monday, August 18, 2014 4:19:00 PM
Attachments: 06.11.2014 14-09-CBP-0328.pdf

Dear Ms. (b)(6)

Please see the attached correspondence from the U.S. Department of Homeland Security's Office for Civil Rights and Civil Liberties. Thank you.

Sincerely,

Office for Civil Rights and Civil Liberties
U.S. Department of Homeland Security



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August 18, 2014

Via electronic mail

(b)(6)
National Immigrant Justice Center
208 S. La Salle Street, Suite 1300
Chicago, IL 60604
(b)(6)@heartlandalliance.org

Re: Complaint No. 14-09-CBP-0328

(b)(6)

Dear Ms. (b)(6)

On June 11, 2014, the Department of Homeland Security's (DHS) Office for Civil Rights and Civil Liberties (CRCL) received your complaint on behalf of (b)(6). Thank you for contacting us with your concerns. Under 6 U.S.C. § 345 and 42 U.S.C. § 2000ee-1, CRCL reviews and assesses information concerning abuses of civil rights, civil liberties, and profiling on the basis of race, ethnicity, or religion, by employees and officials of DHS.

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Department of Homeland Security
Office for Civil Rights and Civil Liberties
Compliance Branch
245 Murray Lane, SW
Building 410, Mail Stop 0190
Washington, DC 20528

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Dana Salvano-Dunn
Director, Compliance Branch
Office for Civil Rights and Civil Liberties
U.S. Department of Homeland Security

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COMPLAINT INFORMATION

1. Information about the person who experienced the civil rights/civil liberties violation

Name: (b)(6) (b)(6)
Date of Birth: (b)(6) Alien Registration #: (b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

2. Information about the person filling in this complaint on behalf of the complainant

Name: (b)(6) Program Director
First Last Job title
Organization: Esperanza Immigrant Rights Project
Phone #: Work: (213) 251-3535
Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

3. What happened?

(b)(6)

(b)(6) a ten year old girl, was only fed once per day while in CBP custody. (b)(6) was held in a very hot room with two other people, and she was not able to sleep because of the loud noises she heard throughout the night.

4. Who treated you unfairly? Customs and Border Protection

5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic
Charities
of Los Angeles, Inc.

WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date:

5/12/14

Name:

DOB:

(b)(6)

A#:

(b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

I understand that this consent expires one year from the date of my signing and I may withdraw my consent at any time.

BY SIGNING THIS AGREEMENT, I INDICATE MY UNDERSTANDING AND AGREEMENT WITH ITS ENTIRE CONTENTS.

IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)

5-77-74



Department of Homeland Security (DHS)
Office for Civil Rights and Civil Liberties

Civil Rights Complaint

Fillable Version (last modified 3/15/2011)

The purpose of this form is to assist you in filing a civil rights/civil liberties complaint with the Department of Homeland Security (DHS) Office for Civil Rights and Civil Liberties (CRCL) regarding DHS programs and activities. This form is not intended to be used for complaints about employment with DHS. You are not required to use this form to file a complaint; a letter with the same information is sufficient. However, if you file a complaint by letter, you should include the same information that is requested in the form.

CRCL Mission:

The DHS Office for Civil Rights and Civil Liberties (CRCL) supports the Department as it secures the nation while preserving individual liberty, fairness, and equality under the law. We investigate claims of civil rights and civil liberties abuses, to help DHS improve protections and programs.

Do you have a DHS civil rights or civil liberties complaint? If you believe that DHS personnel or a DHS program or activity has violated your rights, we want to hear from you. Fill out this form, or write us an email or letter.

In connection with a DHS program, activity, or policy, have you experienced:

- Discrimination based on your race, ethnicity, national origin (including language proficiency), religion, gender, or disability? (Note: do not use this form to make a complaint about employment discrimination; see www.dhs.gov/eeo.)
- Denial of meaningful access to DHS or DHS-supported programs, activities, or services due to limited English proficiency?
- Violation of your rights while in immigration detention or as a subject of immigration enforcement?
- Discrimination or inappropriate questioning related to entry into the United States?
- Violation of your right to due process, such as your right to timely notice of charges or access to your lawyer?
- Violation of the Violence Against Women Act's confidentiality requirements?
- Physical abuse or any other type of abuse inflicted upon you?
- Any other civil rights or civil liberties violation related to a DHS program or activity?

Notes on Confidentiality and Anonymity:

- A) You may remain anonymous by not filling in your name, below. However, CRCL may not be able to investigate your complaint unless you provide enough information to conduct an investigation.
- B) Disclosure of the information you provide, including your identity, is on a "need-to-know" basis, and is discussed in the Privacy Statement at the end of this document. IF YOU CHECK THE BOX BELOW, WE WILL NOT DISCLOSE YOUR IDENTITY TO OTHER OFFICES, IN OR OUT OF DHS (unless it is necessary for investigation of criminal misconduct). Note, however, that this will in many situations make it very difficult or impossible, practically speaking, for us to investigate the allegations you raise.
- ☐ I do NOT want CRCL to disclose my name to other offices, and understand this decision will often make it impossible for an investigation to take place.
- C) Retaliation against complainants to CRCL is unlawful; if you feel you have been a victim of reprisal, CALL US. 1-866-644-8360.



Complaint Information

If you don't speak/write English, CRCL has access to interpreters and can talk to you in any language.

① **Information about the person who experienced the civil rights/civil liberties violation**

(fill in what you can)

Name: (b)(6) (b)(6) (b)(6)
First and Middle Last

Phone #: Cell: see attorney info below Home: Work:

Please note that we may contact you at the provided numbers.

Mailing Address: c/o National Immigrant Justice Center, 208 S. LaSalle St, Ste 1300, Chicago, IL 60604
PO Box or Street address City State Zip

Date of Birth: (b)(6) Email (optional): see attorney info below

Alien Registration #: (if you have one and it's available): (b)(6)

☐ Check here if you are in detention now.

Which facility? Facility name Facility address

☒ Check here if you are represented by an attorney in this matter. If so please provide the attorney's name and contact information (b)(6) (see above)

② **Are you filling in this complaint form on behalf of another individual?** If yes, please provide *your* information.

Name: (b)(6) Associate Director of Litigation
First Last Job title

Organization (if any): National Immigrant Justice Center

Phone #: Cell: Home: Work: (312) 660 (b)(6)

Mailing Address: National Immigrant Justice Center, 208 S. LaSalle St, Ste 1300, Chicago, IL 60604
PO Box or Street address City State Zip

③ **What happened?** Describe your complaint. Give as much detail about your experience as possible.
See attached.

Continue on an additional page, if needed.

When did this happen? If ongoing, please indicate when the problem began.

(If it happened on more than one date, list all dates):

See attached.

Where did this happen?

Place *(for example, name the detention facility, airport, other)*: _____

City: near Hidalgo State or Country: Texas

④ Who treated you unfairly?

An employee, contractor, or officer of *(check as many as apply)*:

- | | |
|--|---|
| <input type="checkbox"/> Citizenship and Immigration Services (USCIS) | <input type="checkbox"/> Not sure which DHS office |
| <input checked="" type="checkbox"/> Customs and Border Protection (CBP)* | <input type="checkbox"/> Non-DHS employee working under the authority |
| <input type="checkbox"/> Customs Officer | of DHS (e.g., 287g officer) |
| <input type="checkbox"/> Border Patrol Agent | specify: _____ |
| <input type="checkbox"/> Federal Emergency Management Agency (FEMA) | |
| <input type="checkbox"/> Immigration and Customs Enforcement (ICE) | |
| <input type="checkbox"/> Secret Service (USSS) | |
| <input type="checkbox"/> Transportation Security Administration (TSA)* | |
| <input type="checkbox"/> U.S. Coast Guard (USCG) | |
| <input type="checkbox"/> Other DHS program <i>(specify)</i> : | |

*If your complaint is about an incident at an airport, train station, or border crossing, you may also file a complaint with the Department of Homeland Security's Traveler Redress Inquiry Program (TRIP). TRIP and this Office will review your complaint together, resulting in a faster response. Go to: www.dhs.gov/trip.

⑤ List anyone else who may have seen or heard what happened.

(If you do not know their names, provide whatever details you can)

Names (or other information, e.g., agency): other unidentified witnesses

Mailing Address: _____
PO Box or Street address City State or Country Zip

Phone No.: _____ Email: _____

Names (or other information, e.g., agency): _____

Mailing Address: _____
PO Box or Street address City State or Country Zip

Phone No.: _____ Email: _____

Continue on an additional page, if needed.

- ⑥ **Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint?**

☐ **Yes:** Agency/Office/Court _____ Date: _____

☒ **No**

If so, has anyone responded to your complaint?

☐ **Yes** ☐ **No**

If Yes, describe what has been done to respond to your complaint:

N/A

Continue on an additional page, if needed.

- ⑦ **Is there any other information you want us to know about or consider?**

Continue on an additional page, if needed.

- ⑧ If you are not proficient in English, please indicate the language in which you prefer we communicate with you.

Spanish

- ⑨ If you have problems understanding this form or any other question, contact CRCL:

E-mail: crcl@dhs.gov

Phone: Local: 202-401-1474 or

Toll Free: 866-644-8360

TTY: Local TTY: 202-401-0470

Toll Free TTY: 866-644-8361

Fax: 202-401-4708

By U.S. Postal Service:

Department of Homeland Security

CRCL/Compliance Branch

245 Murray Lane, SW

Building 410, Mail Stop #0190

Washington, DC 20528

Note: Because of security measures, it can take up to 4 weeks for us to receive U.S. mail.

- ⑩ To submit this form by email, please save, attach, and send to crcl@dhs.gov. Please attach or send all information that supports your complaint, such as documents, photos, medical records, grievances, or witness statements.

Submit copies, not originals; put your name and the date of this complaint on each document. (Fax to: 202-401-4708, or email scans of your documents to crcl@dhs.gov, or mail to the address listed above.)

Keep a copy of this complaint for your records.

Privacy Act Statement

Under 6 U.S.C. § 345 and 42 U.S.C. § 2000ee-1, the Office for Civil Rights and Civil Liberties (CRCL) is authorized to investigate complaints and information from the public about possible violations of civil rights or civil liberties related to DHS employees, programs, or activities. A federal law, called the Privacy Act, says we must explain how we protect your information while processing your complaint.

If your complaint is more appropriately handled by a different federal office, we will refer it to that office. In order to investigate your complaint, CRCL will disclose the information regarding your complaint to other appropriate DHS offices, including the Office of the Inspector General. CRCL may also disclose certain information from your complaint if we are required by law to do so or if there is no privacy impact. For example, we send reports to Congress every three months about complaints submitted by the public. Those reports describe the **types** of complaints, and **do not include personal information**. To read our past reports, go to www.dhs.gov/crcl.

To learn more about the Privacy Act go to the Federal Information Center, www.pueblo.gsa.gov.

You may use the following pages to include additional information about your complaint if needed. Please specify which number(s) above you are continuing.

COMPLAINT AFFIDAVIT

My full and complete name is: (b)(6)

My assigned Alien number is: (b)(6)

I was detained by Border Patrol Agents at or near: Hidalgo, TX

I was detained by Border Patrol Agents on or about: April 22, 2014

My age at the time I was detained: 15 FINS # (b)(6)

Event #: (b)(6)

Border Patrol Agent: _____ Supervisor: _____

Location of Border Patrol Agent: _____

I, (b)(6) declare and affirm that the following took place:

I was in 4 hieleras for about 2 days. When I first arrived to the hieleras it was frozen inside and we not given any blankets or anything to keep warm. I started to feel sick from the cold and was having terrible pains in my stomach. I could not eat the small amount of food that was given to me. I asked the officers for medicine but they would not give me any, they told me that I could not see the doctor. I could not eat the entire time I was in hieleras. I also did not like drinking the water that was given to me because it tasted like chlorine. I was helping to take care of a 4 year old girl who had been separated from her brother. She was crying because she was hungry so I asked an officer for food for her. He officer told me that "she could suck her thumb." The little girl started cried for a long time after that. She was only given food when everyone else was. We were waiting to hear officers say our names so we were all by the window in our hielera, an officer came up to us and yelled "get away from the window! If you don't we will keep you here an extra week as punishment!" Then, once I was leaving the hieleras I was shackled on my way to the plane. I never talked back to any officer or did anything bad while I was in the hielera, I do not know why I needed to be shackled. I asked an officer to please keep the shackles loose around my waist since I was still sick and my stomach hurt, but he just put it on me extra tight. When I was walking in the bus and fell and hurt my knee because of the shackles, no one helped me to get up.

I declare and affirm under penalty of perjury that the content of this declaration is true and correct to the best of my knowledge. **I authorize any agency or entity receiving this complaint or a copy of this complaint to release any and all information about this complaint or its investigation to the National Immigration Justice Center (NIJC).**

(b)(6)

Signature

29-05-014
Date

I, (b)(6) hereby declare under penalty of perjury that I am competent in both English and Spanish, and have translated to the best of my abilities the foregoing affidavit from Spanish to English.

(b)(6)

Signature

05/23/2014
Date

COMPLAINT INFORMATION

1. Information about the person who experienced the civil rights/civil liberties violation

Name:

(b)(6)

Date of Birth:

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

2. Information about the person filling in this complaint on behalf of the complainant

Name:

(b)(6)

Program Director

First

Last

Job title

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

3. What happened?

(b)(6)

(b)(6)

parents abandoned him at infancy. His father gave him away to his grandfather. grandfather came to the US when he was a young child but he continued to financially support (b)(6) with remittances. With no one else to care for him, (b)(6) came to the US seeking his grandfather. Officials apprehended (b)(6) and detained him for three days in three different CBP detention facilities. CBP agents gave (b)(6) a burrito once a day. (b)(6) was forced to sleep in a cold cell and no blankets were provided.

4. Who treated you unfairly? Customs and Border Protection

5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic
Charities
of Los Angeles, Inc.

WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 4/24/14

Name:

DOB:

(b)(6)

A#:

(b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

I understand that this consent expires one year from the date of my signing and I may withdraw my consent at any time.

BY SIGNING THIS AGREEMENT, I INDICATE MY UNDERSTANDING AND AGREEMENT WITH ITS ENTIRE CONTENTS.

IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)

X 4/24/14
Date

COMPLAINT INFORMATION

1. Information about the person who experienced the civil rights/civil liberties violation

Name: (b)(6)

Date of Birth: (b)(6) Alien Registration #: (b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

2. Information about the person filling in this complaint on behalf of the complainant

Name: (b)(6) Program Director
First Last Job title

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

3. What happened?

(b)(6)

(b)(6) a 15 year old Salvadorian boy, was abandoned by his parents and forced to work to provide for himself since the age of 9. He came to the US fleeing threats of gang violence. When he was apprehended by CBP, he was shackled for more than 6 hours. He was never given water and was only given juice 12 hours after apprehension. (b)(6) was also shackled while being transferred between four different CBP detention facilities over the course of 3 days. He says that the shackles were very tight and painful. The "hieleras" where he was detained were very cold, the lights were kept on all night, and CBP officers woke (b)(6) and the other detained minors up every few hours. He was forced to use the bathroom in full view of the other detained children.

4. Who treated you unfairly? Customs and Border Protection

5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic
Charities
of Los Angeles, Inc.

WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 5/9/14

Name:
DOB:

(b)(6)

A#:

(b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to file a complaint on my behalf with the Office of Civil Rights and Civil Liberties (CRCL) and the Office of the Inspector General (OIG). I understand that I may be contacted at the later date by either of these agencies to confirm the allegations set forth in my complaint. I understand that my filing this complaint will not negatively affect my immigration case, nor will it confer any legal immigration status on me or my dependents.

I understand that Esperanza may use my personal story in future advocacy surrounding this complaint, but that Esperanza will never use my name or any information that could be used to identify me publicly.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

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IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)

Signature

5/9/14

Date

COMPLAINT INFORMATION

1. Information about the person who experienced the civil rights/civil liberties violation

Name: (b)(6)

Date of Birth: (b)(6)

Alien Registration #: (b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

2. Information about the person filling in this complaint on behalf of the complainant

Name: (b)(6)
First Last

Program Director
Job title

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

3. What happened?

(b)(6)

(b)(6) a sixteen year old boy, was in CBP custody for a total of four days. (b)(6) was put in handcuffs and was held in one detention center where the food made him ill. For example, (b)(6) was given instant soup, but with cold water and only at the immigration officials' discretion. (b)(6) was held in a very cold cell where he could not sleep due to lights that were kept on the entire night. The only available restroom was out in the open and he was not supplied with any personal hygiene items.

4. Who treated you unfairly? Customs and Border Protection

5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic
Charities
of Los Angeles, Inc.

WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 5/5/14

Name: (b)(6)
DOB: (b)(6)

A#: (b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

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IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)

5/5/14
Date

COMPLAINT INFORMATION

1. Information about the person who experienced the civil rights/civil liberties violation

Name: (b)(6)

Date of Birth: (b)(6) Alien Registration #: (b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

2. Information about the person filling in this complaint on behalf of the complainant

Name: (b)(6) Program Director
First Last Job title

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

3. What happened?

(b)(6)

(b)(6) was in CBP custody for a total of eight days. She was given water with chlorine and food that made her ill. She was forced to sleep in a very uncomfortable and cold cell. She had trouble sleeping due to the lights that were never turned off and the considerable amount of noise throughout the centers. She was not allowed to use the restroom, nor was she given any personal hygiene items. Her personal items were not returned to her. CBP officials yelled at (b)(6) telling her that they were going to send her back, asking her why she had come, and failing to allow her to use a phone to communicate with her parents and/or consulate.

4. Who treated you unfairly? Customs and Border Protection

5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic
Charities
of Los Angeles, Inc.

WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 5/22/2014

Name: (b)(6)
DOB: (b)(6)

A#: (b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

I understand that this consent expires one year from the date of my signing and I may withdraw my consent at any time.

BY SIGNING THIS AGREEMENT, I INDICATE MY UNDERSTANDING AND AGREEMENT WITH ITS ENTIRE CONTENTS.

IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)
Signature

5/22/2014
Date

COMPLAINT INFORMATION

1. Information about the person who experienced the civil rights/civil liberties violation

Name: (b)(6)

Date of Birth: (b)(6) Alien Registration #: (b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

2. Information about the person filling in this complaint on behalf of the complainant

Name: (b)(6) Program Director
First Last Job title

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

3. What happened?

(b)(6)

(b)(6) was in CBP custody for a total of eight days. (b)(6) was given food that made her ill, and she was not given anything to drink for some time after being captured. When she was finally given water, it had chlorine. Feeling extremely ill, (b)(6) asked for medical attention, but was denied it by a guard who stated, "This is not a hospital." Finally, she was placed in a very cold holding cell, where she had trouble sleeping because of lights that were never turned off, and the considerable amount of loud noise.

4. Who treated you unfairly? Customs and Border Protection

5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic
Charities
of Los Angeles, Inc.

WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date 5/22/14

Name
DOB:

(b)(6)

A#:

(b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

I understand that this consent expires one year from the date of my signing and I may withdraw my consent at any time.

BY SIGNING THIS AGREEMENT, I INDICATE MY UNDERSTANDING AND AGREEMENT WITH ITS ENTIRE CONTENTS.

IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS E

(b)(6)

Date 5/22/14

COMPLAINT INFORMATION

1. Information about the person who experienced the civil rights/civil liberties violation

Name: (b)(6) (b)(6)
Date of Birth: (b)(6) Alien Registration #: (b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

2. Information about the person filling in this complaint on behalf of the complainant

Name: (b)(6) Program Director
First Last Job title
Organization: Esperanza Immigrant Rights Project
Phone #: Work: (213) 251-3535
Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

3. What happened?

(b)(6)

CBP officials abused sixteen-year-old (b)(6). Shortly after they captured her, the officials mocked her and asked her why she did not ask the Mexicans for help. When they searched her, they forcefully spread her legs and touched her private parts so hard that she screamed. She repeatedly told them she needed to see a doctor, but they just ignored her and told her it was not their fault she was sick. (b)(6) was detained with both children and adults. The holding cell was very cold and dirty. She was not fed frequently and was given only juice to drink. The food she was given made her sick, but she was not given medical treatment. The lights were kept on all night and there was a lot of noise, so she could not sleep. Immigration officials did not return all of her personal belongings.

4. Who treated you unfairly? Customs and Border Protection

5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic
Charities
of Los Angeles, Inc.

WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 5/05/2014

Name
DOB:

(b)(6)

A#:

(b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to file a complaint on my behalf with the Office of Civil Rights and Civil Liberties (CRCL) and the Office of the Inspector General (OIG). I understand that I may be contacted at the later date by either of these agencies to confirm the allegations set forth in my complaint. I understand that my filing this complaint will not negatively affect my immigration case, nor will it confer any legal immigration status on me or my dependents.

I understand that Esperanza may use my personal story in future advocacy surrounding this complaint, but that Esperanza will never use my name or any information that could be used to identify me publicly.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

I understand that this consent expires one year from the date of my signing and I may withdraw my consent at any time.

BY SIGNING THIS AGREEMENT, I INDICATE MY UNDERSTANDING AND AGREEMENT WITH ITS ENTIRE CONTENTS.

IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)
Signature

5/15/2014
Date



Department of Homeland Security (DHS)
Office for Civil Rights and Civil Liberties

Civil Rights Complaint

Fillable Version (last modified 3/15/2011)

The purpose of this form is to assist you in filing a civil rights/civil liberties complaint with the Department of Homeland Security (DHS) Office for Civil Rights and Civil Liberties (CRCL) regarding DHS programs and activities. This form is not intended to be used for complaints about employment with DHS. You are not required to use this form to file a complaint; a letter with the same information is sufficient. However, if you file a complaint by letter, you should include the same information that is requested in the form.

CRCL Mission:

The DHS Office for Civil Rights and Civil Liberties (CRCL) supports the Department as it secures the nation while preserving individual liberty, fairness, and equality under the law. We investigate claims of civil rights and civil liberties abuses, to help DHS improve protections and programs.

Do you have a DHS civil rights or civil liberties complaint? If you believe that DHS personnel or a DHS program or activity has violated your rights, we want to hear from you. Fill out this form, or write us an email or letter.

In connection with a DHS program, activity, or policy, have you experienced:

- Discrimination based on your race, ethnicity, national origin (including language proficiency), religion, gender, or disability? (Note: do not use this form to make a complaint about employment discrimination; see www.dhs.gov/eeo.)
- Denial of meaningful access to DHS or DHS-supported programs, activities, or services due to limited English proficiency?
- Violation of your rights while in immigration detention or as a subject of immigration enforcement?
- Discrimination or inappropriate questioning related to entry into the United States?
- Violation of your right to due process, such as your right to timely notice of charges or access to your lawyer?
- Violation of the Violence Against Women Act's confidentiality requirements?
- Physical abuse or any other type of abuse inflicted upon you?
- Any other civil rights or civil liberties violation related to a DHS program or activity?

Notes on Confidentiality and Anonymity:

- A) You may remain anonymous by not filling in your name, below. However, CRCL may not be able to investigate your complaint unless you provide enough information to conduct an investigation.
- B) Disclosure of the information you provide, including your identity, is on a "need-to-know" basis, and is discussed in the Privacy Statement at the end of this document. IF YOU CHECK THE BOX BELOW, WE WILL NOT DISCLOSE YOUR IDENTITY TO OTHER OFFICES, IN OR OUT OF DHS (unless it is necessary for investigation of criminal misconduct). Note, however, that this will in many situations make it very difficult or impossible, practically speaking, for us to investigate the allegations you raise.
- ☐ I do NOT want CRCL to disclose my name to other offices, and understand this decision will often make it impossible for an investigation to take place.
- C) Reprisal against complainants to CRCL is unlawful; if you feel you have been a victim of reprisal, CALL US. 1-866-644-8360.



Complaint Information

If you don't speak/write English, CRCL has access to interpreters and can talk to you in any language.

① **Information about the person who experienced the civil rights/civil liberties violation**
(fill in what you can)

Name: (b)(6) (b)(6) (b)(6)
First and Middle Last

Phone #: Cell: see attorney info below Home: Work:

Please note that we may contact you at the provided numbers.

Mailing Address: c/o National Immigrant Justice Center, 208 S. LaSalle St, Ste 1300, Chicago, IL 60604
PO Box or Street address City State Zip

Date of Birth: (b)(6) Email (optional): see attorney info below

Alien Registration #: (if you have one and it's available): (b)(6)

☐ Check here if you are in detention now.

Which facility? c/o ORR Custody, 4822 N Broadway, Chicago, IL 60640
Facility name Facility address

☒ Check here if you are represented by an attorney in this matter. If so please provide the attorney's name and contact information (b)(6) (see above)

② **Are you filling in this complaint form on behalf of another individual?** If yes, please provide your information.

Name: (b)(6) Associate Director of Litigation
First Last Job title

Organization (if any): National Immigrant Justice Center

Phone #: Cell: Home: Work: (312) 660-1308

Mailing Address: National Immigrant Justice Center, 208 S. LaSalle St, Ste 1300, Chicago, IL 60604
PO Box or Street address City State Zip

③ **What happened?** Describe your complaint. Give as much detail about your experience as possible.
See attached.

Continue on an additional page, if needed.

When did this happen? If ongoing, please indicate when the problem began.

(If it happened on more than one date, list all dates):

See attached.

Where did this happen?

Place *(for example, name the detention facility, airport, other)*: _____

City: near Laredo State or Country: Texas

④ Who treated you unfairly?

An employee, contractor, or officer of *(check as many as apply)*:

- | | |
|--|---|
| <input type="checkbox"/> Citizenship and Immigration Services (USCIS) | <input type="checkbox"/> Not sure which DHS office |
| <input checked="" type="checkbox"/> Customs and Border Protection (CBP)* | <input type="checkbox"/> Non-DHS employee working under the authority |
| <input type="checkbox"/> Customs Officer | of DHS (e.g., 287g officer) |
| <input type="checkbox"/> Border Patrol Agent | specify: _____ |
| <input type="checkbox"/> Federal Emergency Management Agency (FEMA) | |
| <input type="checkbox"/> Immigration and Customs Enforcement (ICE) | |
| <input type="checkbox"/> Secret Service (USSS) | |
| <input type="checkbox"/> Transportation Security Administration (TSA)* | |
| <input type="checkbox"/> U.S. Coast Guard (USCG) | |
| <input type="checkbox"/> Other DHS program <i>(specify)</i> : | |

*If your complaint is about an incident at an airport, train station, or border crossing, you may also file a complaint with the Department of Homeland Security's Traveler Redress Inquiry Program (TRIP). TRIP and this Office will review your complaint together, resulting in a faster response. Go to: www.dhs.gov/trip.

⑤ List anyone else who may have seen or heard what happened.

(If you do not know their names, provide whatever details you can)

Names (or other information, e.g., agency): other unidentified witnesses

Mailing Address: _____
PO Box or Street address City State or Country Zip

Phone No.: _____ Email: _____

Names (or other information, e.g., agency): _____

Mailing Address: _____
PO Box or Street address City State or Country Zip

Phone No.: _____ Email: _____

Continue on an additional page, if needed.

- ⑥ **Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint?**

☐ **Yes:** Agency/Office/Court _____ Date: _____

☒ **No**

If so, has anyone responded to your complaint?

☐ **Yes** ☐ **No**

If Yes, describe what has been done to respond to your complaint:

N/A

Continue on an additional page, if needed.

- ⑦ **Is there any other information you want us to know about or consider?**

Continue on an additional page, if needed.

- ⑧ If you are not proficient in English, please indicate the language in which you prefer we communicate with you.

Spanish _____

- ⑨ If you have problems understanding this form or any other question, contact CRCL:

E-mail: crcl@dhs.gov

Phone: Local: 202-401-1474 or

Toll Free: 866-644-8360

TTY: Local TTY: 202-401-0470

Toll Free TTY: 866-644-8361

Fax: 202-401-4708

By U.S. Postal Service:

Department of Homeland Security

CRCL/Compliance Branch

245 Murray Lane, SW

Building 410, Mail Stop #0190

Washington, DC 20528

Note: Because of security measures, it can take up to 4 weeks for us to receive U.S. mail.

- ⑩ To submit this form by email, please save, attach, and send to crcl@dhs.gov. Please attach or send all information that supports your complaint, such as documents, photos, medical records, grievances, or witness statements.

Submit copies, not originals; put your name and the date of this complaint on each document. (Fax to: 202-401-4708, or email scans of your documents to crcl@dhs.gov, or mail to the address listed above.)

Keep a copy of this complaint for your records.

Privacy Act Statement

Under 6 U.S.C. § 345 and 42 U.S.C. § 2000ee-1, the Office for Civil Rights and Civil Liberties (CRCL) is authorized to investigate complaints and information from the public about possible violations of civil rights or civil liberties related to DHS employees, programs, or activities. A federal law, called the Privacy Act, says we must explain how we protect your information while processing your complaint.

If your complaint is more appropriately handled by a different federal office, we will refer it to that office. In order to investigate your complaint, CRCL will disclose the information regarding your complaint to other appropriate DHS offices, including the Office of the Inspector General. CRCL may also disclose certain information from your complaint if we are required by law to do so or if there is no privacy impact. For example, we send reports to Congress every three months about complaints submitted by the public. Those reports describe the **types** of complaints, and **do not include personal information**. To read our past reports, go to www.dhs.gov/crcl.

To learn more about the Privacy Act go to the Federal Information Center, www.pueblo.gsa.gov.

You may use the following pages to include additional information about your complaint if needed. Please specify which number(s) above you are continuing.

COMPLAINT AFFIDAVIT

My full and complete name is: (b)(6)

My assigned Alien number is: (b)(6)

I was detained by Border Patrol Agents at or near: Laredo, TX

I was detained by Border Patrol Agents on or about: May 1, 2014

My age at the time I was detained: 16 FINS #: (b)(6)

Event #: (b)(6)

Border Patrol Agent: _____ Supervisor: _____

Location of Border Patrol Agent: _____

I, (b)(6), declare and affirm that the following took place:

I came to the USA because El Salvador is very violent and I was being threatened. Gang members tried to force me to deliver drugs and to carry a gun, I did not want to do this so I fled El Salvador. I turned myself into Immigration because my guide told me that I had to. Immigration asked me basic questions about myself and then I was taken to the hieleras. I was in two hieleras for about four days. In the first hielera I asked an officer for water, I was so thirsty I had not drank a lot during my journey, he got very mad at me and said something in English. He did not give me any water. The other people in my cell were very hungry, we had not eaten in many hours. Some people asked for food and once again the officer got mad and he did not give us food until the next day. In the second hielera I was woken up one morning by an officer yelling in Spanish "get up you fuckers!" There were a lot of people in my hielera and we made some noise when we got up. The officer got very mad about how loud we were being. He came over and in Spanish addressed our whole hielera saying "who was yelling? Who was yelling? Who was yelling?" He was clearly very mad. He singled me out and pointed at me and

said " asshole, who was yelling in here?" I did not think anyone had been yelling. I stayed silent because I was very scared of this man and did not know what to say. He then said " okay fucker if you don't tell me I am going to take away your blanket" and walked away. My blanket was never taken away from me, but for the rest of my time in the hielera I was very scared. I thought they might take away my blanket or leave me in the hielera for extra days as punishment. All the officers made me feel very bad, I did not like being sworeed at or yelled at.

I declare and affirm under penalty of perjury that the content of this declaration is true and correct to the best of my knowledge. **I authorize any agency or entity receiving this complaint or a copy of this complaint to release any and all information about this complaint or its investigation to the National Immigration Justice Center (NIJC).**

(b)(6)

Signature

05/27/2014

Date

I, _____, hereby declare under penalty of perjury that I am competent in both English and Spanish, and have translated to the best of my abilities the foregoing affidavit from Spanish to English.

(b)(6)

Signature

05/27/2014

Date



Department of Homeland Security (DHS)
Office for Civil Rights and Civil Liberties

Civil Rights Complaint

Fillable Version (last modified 3/15/2011)

The purpose of this form is to assist you in filing a civil rights/civil liberties complaint with the Department of Homeland Security (DHS) Office for Civil Rights and Civil Liberties (CRCL) regarding DHS programs and activities. This form is not intended to be used for complaints about employment with DHS. You are not required to use this form to file a complaint; a letter with the same information is sufficient. However, if you file a complaint by letter, you should include the same information that is requested in the form.

CRCL Mission:

The DHS Office for Civil Rights and Civil Liberties (CRCL) supports the Department as it secures the nation while preserving individual liberty, fairness, and equality under the law. We investigate claims of civil rights and civil liberties abuses, to help DHS improve protections and programs.

Do you have a DHS civil rights or civil liberties complaint? If you believe that DHS personnel or a DHS program or activity has violated your rights, we want to hear from you. Fill out this form, or write us an email or letter.

In connection with a DHS program, activity, or policy, have you experienced:

- Discrimination based on your race, ethnicity, national origin (including language proficiency), religion, gender, or disability? (Note: do not use this form to make a complaint about employment discrimination; see www.dhs.gov/eeo.)
- Denial of meaningful access to DHS or DHS-supported programs, activities, or services due to limited English proficiency?
- Violation of your rights while in immigration detention or as a subject of immigration enforcement?
- Discrimination or inappropriate questioning related to entry into the United States?
- Violation of your right to due process, such as your right to timely notice of charges or access to your lawyer?
- Violation of the Violence Against Women Act's confidentiality requirements?
- Physical abuse or any other type of abuse inflicted upon you?
- Any other civil rights or civil liberties violation related to a DHS program or activity?

Notes on Confidentiality and Anonymity:

- A) You may remain anonymous by not filling in your name, below. However, CRCL may not be able to investigate your complaint unless you provide enough information to conduct an investigation.
- B) Disclosure of the information you provide, including your identity, is on a "need-to-know" basis, and is discussed in the Privacy Statement at the end of this document. IF YOU CHECK THE BOX BELOW, WE WILL NOT DISCLOSE YOUR IDENTITY TO OTHER OFFICES, IN OR OUT OF DHS (unless it is necessary for investigation of criminal misconduct). Note, however, that this will in many situations make it very difficult or impossible, practically speaking, for us to investigate the allegations you raise.
- ☐ I do NOT want CRCL to disclose my name to other offices, and understand this decision will often make it impossible for an investigation to take place.
- C) Reprisal against complainants to CRCL is unlawful; if you feel you have been a victim of reprisal, CALL US. 1-866-644-8360.



Complaint Information

If you don't speak/write English, CRCL has access to interpreters and can talk to you in any language.

① **Information about the person who experienced the civil rights/civil liberties violation**

(fill in what you can)

Name: (b)(6) (b)(6) (b)(6)
First and Middle Last

Phone #: Cell: see attorney info below Home: Work:

Please note that we may contact you at the provided numbers.

Mailing Address: c/o National Immigrant Justice Center, 208 S. LaSalle St, Ste 1300, Chicago, IL 60604
PO Box or Street address City State Zip

Date of Birth: (b)(6) Email (optional): see attorney info below

Alien Registration #. (if you have one and it's available): (b)(6)

- ☐ Check here if you are in detention now.

Which facility? c/o ORR Custody, 4822 N Broadway, Chicago, IL 60640
Facility name Facility address

- ☒ Check here if you are represented by an attorney in this matter. If so please provide the attorney's name and contact information (b)(6) (see above)

② **Are you filling in this complaint form on behalf of another individual?** If yes, please provide your information.

Name: (b)(6) Associate Director of Litigation
First Last Job title

Organization (if any): National Immigrant Justice Center

Phone #: Cell: Home: Work: (312) 660-1308

Mailing Address: National Immigrant Justice Center, 208 S. LaSalle St, Ste 1300, Chicago, IL 60604
PO Box or Street address City State Zip

③ **What happened?** Describe your complaint. Give as much detail about your experience as possible.

See attached.

Continue on an additional page, if needed.

When did this happen? If ongoing, please indicate when the problem began.

(If it happened on more than one date, list all dates):

See attached.

Where did this happen?

Place (for example, name the detention facility, airport, other): _____

City: near Hidalgo State or Country: Texas

④ Who treated you unfairly?

An employee, contractor, or officer of (check as many as apply):

- | | |
|--|---|
| <input type="checkbox"/> Citizenship and Immigration Services (USCIS) | <input type="checkbox"/> Not sure which DHS office |
| <input checked="" type="checkbox"/> Customs and Border Protection (CBP)* | <input type="checkbox"/> Non-DHS employee working under the authority of DHS (e.g., 287g officer) |
| <input type="checkbox"/> Customs Officer | specify: _____ |
| <input type="checkbox"/> Border Patrol Agent | |
| <input type="checkbox"/> Federal Emergency Management Agency (FEMA) | |
| <input type="checkbox"/> Immigration and Customs Enforcement (ICE) | |
| <input type="checkbox"/> Secret Service (USSS) | |
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⑤ List anyone else who may have seen or heard what happened.

(If you do not know their names, provide whatever details you can)

Names (or other information, e.g., agency): other unidentified witnesses

Mailing Address: _____
PO Box or Street address City State or Country Zip

Phone No.: _____ Email: _____

Names (or other information, e.g., agency): _____

Mailing Address: _____
PO Box or Street address City State or Country Zip

Phone No.: _____ Email: _____

Continue on an additional page, if needed.

- ⑥ Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint?

☐ Yes: Agency/Office/Court _____ Date: _____

☒ No

If so, has anyone responded to your complaint?

☐ Yes ☐ No

If Yes, describe what has been done to respond to your complaint:

N/A

Continue on an additional page, if needed.

- ⑦ Is there any other information you want us to know about or consider?

Continue on an additional page, if needed.

- ⑧ If you are not proficient in English, please indicate the language in which you prefer we communicate with you.

Spanish

- ⑨ If you have problems understanding this form or any other question, contact CRCL:

E-mail: crcl@dhs.gov

Phone: Local: 202-401-1474 or

Toll Free: 866-644-8360

TTY: Local TTY: 202-401-0470

Toll Free TTY: 866-644-8361

Fax: 202-401-4708

By U.S. Postal Service:

Department of Homeland Security

CRCL/Compliance Branch

245 Murray Lane, SW

Building 410, Mail Stop #0190

Washington, DC 20528

Note: Because of security measures, it can take up to 4 weeks for us to receive U.S. mail.

- ⑩ To submit this form by email, please save, attach, and send to crcl@dhs.gov. Please attach or send all information that supports your complaint, such as documents, photos, medical records, grievances, or witness statements.

Submit copies, not originals; put your name and the date of this complaint on each document. (Fax to: 202-401-4708, or email scans of your documents to crcl@dhs.gov, or mail to the address listed above.)

Keep a copy of this complaint for your records.

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You may use the following pages to include additional information about your complaint if needed. Please specify which number(s) above you are continuing.

COMPLAINT AFFIDAVIT

My full and complete name is:

(b)(6)

My assigned Alien number is:

I was detained by Border Patrol Agents at or near: Hidalgo, TX

I was detained by Border Patrol Agents on or about: 5/2/14

My age at the time I was detained: 15 FINS #:

Event #: _____

Border Patrol Agent: _____ Supervisor: _____

Location of Border Patrol Agent: _____

I, _____, declare and affirm that the following took place:

(b)(6)
When we were in the holding cell, they called our names when it was time to leave for the plane. They told us to kneel on a ~~wooden~~ bench face the wall while they shackled our ankles. Then they told us to turn around and face them while they shackled our hands. They then walked us to the bus. When we arrived at the plane, we got off the bus and they removed the shackles, and we walked to the plane freely.

I declare and affirm under penalty of perjury that the content of this declaration is true and correct to the best of my knowledge. **I authorize any agency or entity receiving this complaint or a copy of this complaint to release any and all information about this complaint or its investigation to the National Immigration Justice Center (NIJC).**

Signature

Date _____

I, _____, hereby declare under penalty of perjury that I am competent in both English and Spanish, and have translated to the best of my abilities the foregoing affidavit from Spanish to English.

Signature

Date _____